



## 4CPS-052 - LONG-TERM MONITORING OF UREA AS TREATMENT FOR HYPONATREMIA ASSOCIATED TO INADEQUATE SECRETION OF ANTIDIURETIC HORMONE (ISADH)

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### Background and importance:

Normal blood sodium levels (BSL) is between 136-145 mEq/L. ISADH courses with hyponatremia, plasmatic hypoosmolality, high urine osmolality, and high natriuresis. Available drugs are demeclocycline and lithium, both nephrotoxic, and vasopressin receptor inhibitors, such as tolvaptan, which are effective but highly costly.

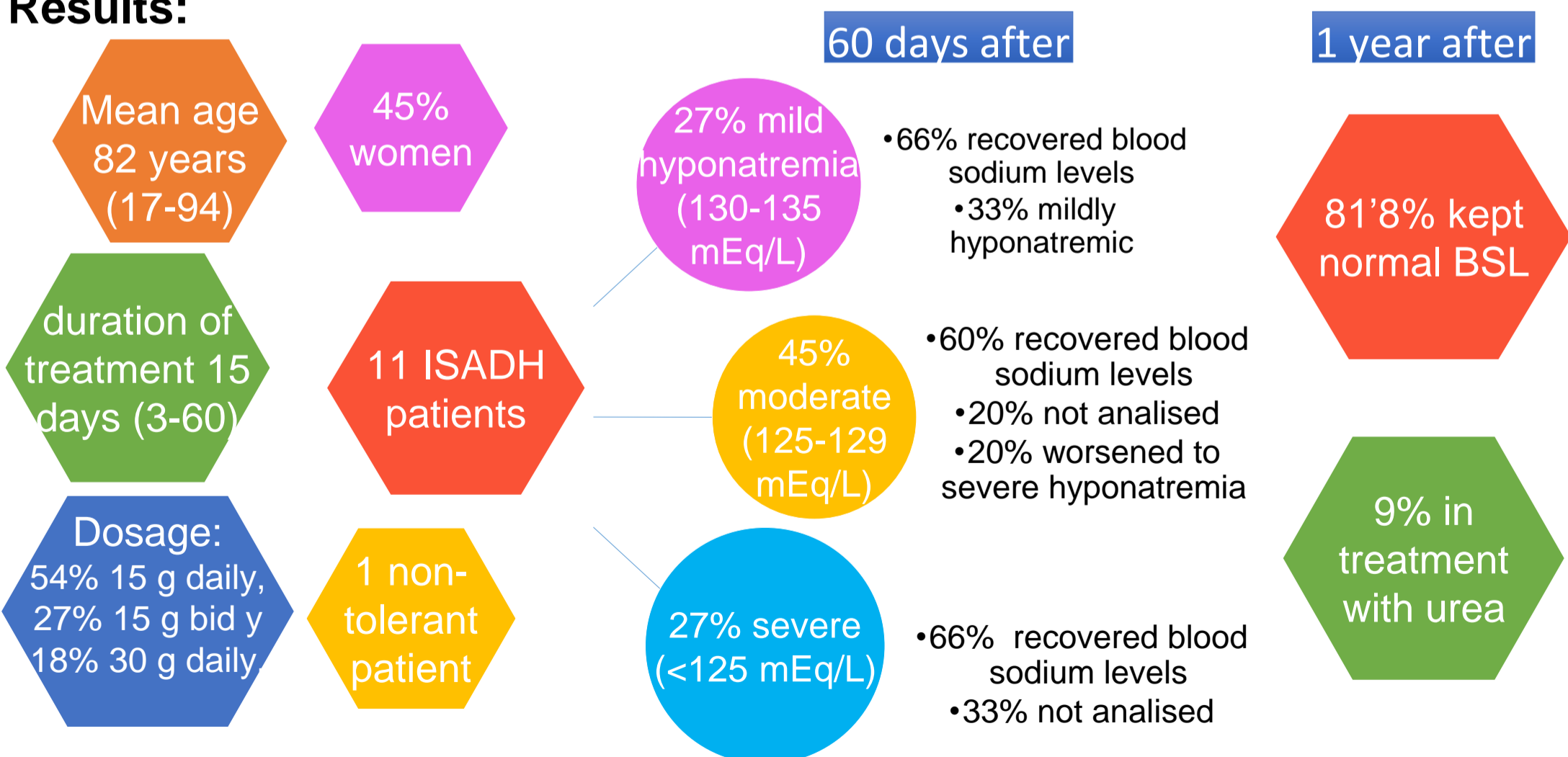
### Aim and objectives:

To describe the experience of use of urea as an alternative for treatment of ISADH and results monitored one year after treatment.

### Materials and methods:

Retrospective observational study in which patients treated with urea (powder for oral solution) were analyzed along two years. Data collection of: age, sex, quantification of BSL (at admission, during urea therapy, 60 days after drug administration and one year after treatment), initial therapy, duration of urea treatment and need of tolvaptan use.

### Results:



### Conclusion and relevance:

Most clinical guidelines contemplate urea as an option for hyponatremia for ISADH, but it is not clear its preference respect other alternatives. Urea is shown to be a safe and moderately cost-effective option.